

Division of Public Health Services

*Office of the Assistant Director
Public Health Preparedness Services*

1740 W. Adams, Room 203 N.
Phoenix, Arizona 85007
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JANET NAPOLITANO, GOVERNOR
CATHERINE R. EDEN, DIRECTOR

INSPECTION APPRAISAL FORM

Laboratory Name: _____
Address: _____
AZ License #: _____ Date of On-site: _____
Lead Inspector: _____
Other Inspectors: _____

Please indicate your assessment of the inspection by checking the appropriate responses.

5 = Excellent 4 = Good 3 = Acceptable 2 = Marginal 1 = Poor

	1	2	3	4	5
1. Did the inspector(s) provide:					
a. Adequate information about when the inspection was to occur?					
b. What documentation would be necessary for review before the inspection?					
2. How would you rate the inspector(s) in:					
a. Reviewing the available documents and records?					
b. Interviewing the lab personnel?					
c. Conducting a closing conference?					
d. Overall professionalism of the inspectors?					
3. Comments:					

Name: _____ Phone: _____
Title: _____

Please return form to: Prabha Acharya, Program Manager
Technical Resources and Training
Office of Laboratory Licensure, Certification and Training
1740 W. Adams, Rm 203N
Phoenix, AZ 85007

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Leadership for a Healthy Arizona